

Module One

ASSISTED LIVING BASICS

A learning module developed by the Bureau of Facility Standards to train Residential Care or Assisted Living facility staff.

Why you should take this training.

Providing assistance to elderly and disabled people in a residential care or assisted living facility is a very big responsibility. Learning some basic things about assisted living will help you understand your job because you will see how you fit into the big picture.

What you will learn in this module:

- ✓ **What is a residential care or assisted living facility.**
- ✓ **Who are the people and agencies that are involved with assisted living.**
- ✓ **What are some things that help the facility to ensure quality services are provided.**



What you need to do to take this training.

Ask your Administrator how she or he wants you to do the training. You can do the training on the computer or you can print the training and work with the printed pages. Generally, you can just work through the modules in the order they are listed.

Who to ask if you have questions about this training.

If you have questions about the way things are done in your facility, ask your Administrator. If you or your Administrator have questions or comments about the

content of the training, ask your Administrator to contact the Residential Care or Assisted Living Program Supervisor at the Bureau of Facility Standards.

Words to know:

Advocate – someone who speaks out on behalf of someone else. Advocates for residents are people who try to promote the best interests of residents and work out problems between residents and the facility.

Documented – something that is written down instead of just spoken. The information in a resident's record is 'documentation' about the resident.






Ombudsman – someone who looks into resident complaints and helps to resolve them. Representatives of the Idaho Commission on Aging are called ombudsmen and may come to your facility.

Survey – an inspection of your facility by the Bureau of Facility Standards, which is one part of the Idaho Department of Health & Welfare.

A Residential Care or Assisted Living facility provides supervision, personal assistance, meals, and lodging for three or more adults.


The facility is the resident's home.
If residents didn't need some kind of assistance and supervision, they probably wouldn't be living in your facility.

Who is involved in assisted living facilities?

-  Residents and their Families
-  Facility Providers
-  Other Providers
-  Department of Health & Welfare
-  Advocates

Residents are the focus of assisted living.

Residents

-  Giving people choices is an important reason to have residential care or assisted living facilities. People who live in your facility are not able to live independently in their own home but do not need the services of a nursing home.

- ✚ Resident's family and friends are often very important to the resident and visits from them bring a homelike feeling to living in a facility. Family members are often the ones who communicate with the facility about the resident.
- ✚ Some residents have a guardian who has the legal responsibility to make decisions for the resident. This happens if residents are not able to make decisions for themselves.

What this means to you

- 🟡 Allow residents to make their own choices whenever possible. For example, if a resident needs help dressing, you could lay out more than one set of clothing and let the resident choose what to wear.
- 🟡 Let residents do as much as they safely can on their own, even if it takes more time than if you did it for them.
- 🟡 Build good relationships with families and friends of residents. They can often help you understand what the resident needs.
- 🟡 Remember, the assistance you provide needs to be resident centered. That means resident choices and resident well-being should guide the things you do.

Facility providers coordinate and provide direct services to residents in a safe, home-like environment.

The facility provider team is made up of the following people:

- ✚ Administrator – Facilities must have an Administrator who is licensed by the Idaho Bureau of Occupational Licensing. The Administrator has over-all responsibility for the facility. The Administrator may be the owner of the facility or may work for a company that owns the facility. In some facilities, the Administrator may also provide direct care and services.
- ✚ Nurse – Facilities must have a nurse to do certain things. The nurse can either be an employee or can contract with the facility to do nursing services. Nurses are involved in evaluating residents' medications, assessing resident health status and making sure staff are able to do things like assisting with medications correctly.
- ✚ Staff to provide direct care and services – The backbone of a facility is the people who provide direct assistance to residents. No one else in the facility has as much impact on resident happiness and well-being as the people who provide direct services to the resident. Direct care staff are sometimes nursing assistants but it's not a requirement.
- ✚ Other staff – Some facilities have house managers who assist the Administrator to run the facility. Some facilities have someone assigned to provide activities for residents. Some facilities have separate jobs for housekeeping and food preparation and in other facilities all of those jobs are done by direct care staff. The important thing is that residents get the services they need.

What this means to you

- Work as directed by your Administrator to provide the best possible services to residents.
- Watch residents carefully for any changes in their health or how much assistance they need.
- Report possible resident health problems to the facility nurse and Administrator.
- Provide services the resident needs, as listed in the resident's Negotiated Service Agreement (The NSA is explained later in this module).
- Be a team player with your co-workers. Together you can make a positive difference in residents' lives.

Outside providers are responsible for resident services that facility staff are not able to provide.

Outside providers may include physicians (doctors and dentists), authorized providers (nurse practitioner, clinical nurse specialist, or physician assistant), home health and hospice agencies, day treatment centers for individuals with a mental illness, and others.

- + Physicians and authorized providers write orders for medications, treatments, and other things for the resident. The facility must follow physician's or authorized provider's orders unless the resident refuses.
- + Residents who have health problems may have a home health agency coming into the facility to provide services. Nurses, physical therapists and others may come into your facility to provide services. Residents who are nearing their death may have hospice services.
- + Outside centers may provide day treatment, activities or even job opportunities for some residents.
- + Your facility is responsible for coordinating with outside service providers.

What this means to you

- Be sure you understand what the resident's physician or authorized provider has ordered and follow those orders. Residents have the right to refuse to follow their physician's or authorized provider's orders. If that happens, tell the nurse and your Administrator.
- If you are assisting with medications, you are responsible to ensure the resident gets the medications the way they are ordered by the physician or authorized provider. See the unit on 'Medication Assistance and Delegation' for more information.

- Be sure you understand any instructions given by home health or hospice staff and be sure you are able to carry out those instructions correctly and safely. If home health and hospice services are provided, they should be included on the resident's Negotiated Service Agreement so that everyone knows who is doing what.
- Give residents the help they need to go to outside provider appointments or treatment centers.

The Department of Health & Welfare pays the facility to provide services for state clients.

Within the Department of Health & Welfare, the Division of Medicaid administers a government insurance program that pays for care needed by people who cannot afford to pay for it themselves.

- ✚ The Regional Medicaid Unit in each area of the state assesses the needs of residents who are Medicaid (state) clients.
- ✚ The facility can also be paid directly by the resident/resident's family or by private insurance companies.

What this means to you

- Representatives from the Regional Medicaid Unit (RMU) will come to your facility to talk with state clients and their families.
- The RMU representatives will need information about the state clients. Provide the information they request and answer their questions to the best of your ability.
- If you have questions about working with the RMU staff, talk with your Administrator.

The Department of Health & Welfare also provides licensing, information, oversight, and compliance services.

Another unit of the Division of Medicaid, called the Bureau of Facility Standards has the responsibility to license facilities that meet state requirements.

- ✚ Bureau of Facility Standards (BFS) conducts inspections of facilities. The inspections are called surveys. The purpose of a survey is to find out if the facility and the services provided comply with state law and rules. Part of the survey process looks at the building for things like fire safety and whether the kitchen is clean. Another part of the survey process looks at the resident services that are being provided by the facility.

- ✚ When the survey is completed, a report is provided to the facility by BFS. The report must be available for residents to read.
- ✚ BFS also looks into complaints about the facility that are reported to BFS. Anyone who believes the facility is not providing a good place to live and adequate services for residents can complain to BFS. The person who complains doesn't have to give his or her name.
- ✚ BFS also works with facilities and provides technical information to assist facilities to provide quality services.

What this means to you

- Representatives of the Bureau of Facility Standards (BFS) will come to your facility to conduct surveys and look into complaints.
- The BFS representatives will need information about residents. Provide the materials they request and answer their questions to the best of your ability.
- Talk with your Administrator about the best way to work with these representatives.

Advocates work with residents, family members, and providers to ensure residents' rights to choice, a safe place to live, and to help resolve conflicts.

Advocates include the Ombudsman for the Elderly, Adult Protection Services, the National Alliance for the Mentally Ill, and Comprehensive Advocacy Agency (Co-Ad. Inc.)

What this means to you

- Advocates may come to your facility to visit residents.
- Be sure advocates have a private place where they can meet with residents and families without being interrupted.
- Provide materials the advocates request and answer their questions to the best of your ability.
- Talk with your Administrator about the best way to work with advocates.
- See the 'Resident Rights' training module for more information about the rights of residents. Advocates work to protect resident rights. Each facility has been provided with a 'Resident Rights' poster. It lists resident rights and also lists the phone numbers of advocates around the state.

Assisted Living services should always be ‘Resident Centered.’ Residents and their families, facility providers, other providers, Medicaid representatives and advocates all have the same goal:

A quality home and quality services for residents...it’s what we all want!

How quality services are ensured:

- + Admission agreement
- + Assessment
- + Interim Plan of Care
- + Negotiated Service Agreement
- + Ongoing evaluation of resident needs

When a resident is admitted, the facility should ensure the resident gets information about the facility and takes part in deciding what services are needed. To make sure all the people involved with resident services know about the needs of the resident and choices the resident has made, the process is documented (written down). The following documentation helps to ensure the resident receives the right services:

- + Admission Agreement – It states what the resident should expect from the facility and what the facility expects from the resident. It usually states how much the resident will be charged. It also states reasons why the resident could be discharged. Residents are not to be admitted if they have certain medical conditions. The Admission Agreement must be signed by the resident or resident’s representative and by a facility representative.
- + Assessment – It is often documented on a form called the Uniform Assessment Instrument or UAI. The assessment ‘paints a picture’ of the resident. It includes things like the resident’s background, health problems, medications, ability to make decisions, and need for assistance.
- + Interim Plan of Care – It is the plan of care that is done before the NSA is developed.
- + Negotiated Service Agreement – It is the agreement between the resident and the facility that states what services the resident will get, how often, and who will provide the services. It is based on the assessment and on resident choices. The resident must be part of developing the NSA. Sometimes the assessment and NSA are combined.
- + Ongoing Evaluation – Resident needs do not stay the same over time. The services provided need to match the services needed. Resident health problems and medications are to be assessed and documented by a nurse at least every 90 days. The UAI and NSA are to be reviewed any time residents have a significant change in their condition and needs or at least every 12 months.

What this means to you

- If residents have questions about their Admission Agreement, UAI or NSA, tell your Administrator so he or she can work with the resident.
- If you see changes in the resident's level of health or the kind of assistance the resident needs, tell the nurse and your Administrator. This will allow changes to be made that will match services with resident needs.
- Provide the services that are listed on the NSA. You may have a duty sheet or something else that tells you what you need to do for residents, but it should match what is listed on the NSA's for individual residents.

Learning exercises:

The following are suggested exercises. Ask your Administrator which ones you should do.

1. Pick a resident who has been in your facility for about 2 to 8 months. Look at the resident's Admission Agreement, the full assessment done near the time of admission (UAI) and the Negotiated Service Agreement (NSA). Do these documents match the resident's needs and the services that are being provided?
2. Pick a resident who has been in your facility for over a year. Look at the resident's record and follow the paperwork. There should be nursing assessments at least every 90 days, and the full assessment and NSA should have been updated. Were the assessments and updates done? Does the NSA match what the resident needs now?
3. Look at a copy of your facility's last state survey or complaint investigation report. Talk to your Administrator about the survey or complaint investigation.

Check your knowledge:

1. Resident choice is important in assisted living. True False
2. Assisted living Administrators must have a license. True False
3. The Negotiated Service Agreement is not necessary as long as the facility talks to residents about services. True False
4. Residents must be assessed by a nurse every week. True False
5. The Ombudsman is an advocate for residents. True False
6. The resident must follow Doctor's orders even if the resident doesn't want to. True False
7. If you see something has changed with a resident's health, who should you tell?
8. Which group is the true focus of assisted living?

Answers:

1. True. Resident choice is one of the most important reasons residents live in residential care or assisted living facilities.
2. True. Administrators must be licensed by the Idaho Bureau of Occupational Licensing.
3. False. The NSA is the agreement between the facility and the resident regarding the services the facility provides. The resident must participate in developing the NSA and must sign it.
4. False. Residents must be assessed by a nurse at least every 90 days.
5. True. The Ombudsman looks into problems between residents and the facility and helps get them resolved.
6. False. Residents have the right to not follow physician's or authorized provider's orders. The facility needs to inform the resident of the possible negative effects of not following physician's or authorized provider's orders so that the resident can make an informed choice.
7. Tell the facility nurse and your administrator.

8. Residents should always be the focus of assisted living.